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PUERTO RICO Health & Insurance CONFERENCE 2018

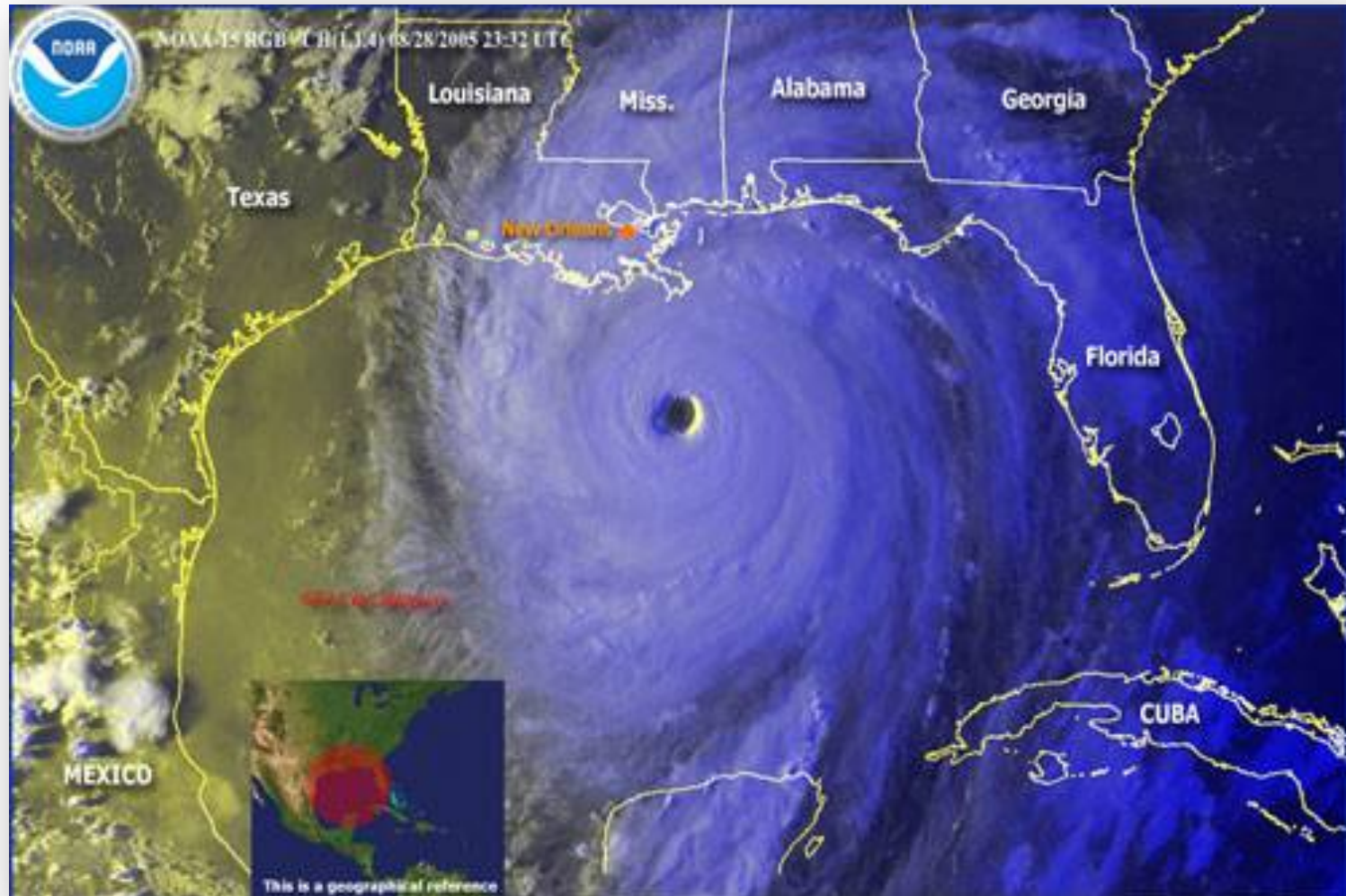


**DEVELOPMENT BY STORM: HOW TO TURN POST-MARÍA RECOVERY
AS THE OPPORTUNITY TO FIX HEALTHCARE IN PUERTO RICO**

**Turing Disaster into Opportunity for
Health System Rebuilding:
The Katrina Experience**

**Clayton Williams, MPH, FACHE
Louisiana Public Health Institute (LPHI)**

Hurricane Katrina: August 29, 2005



The healthcare system was crippled



My kitchen after the flood waters drained



There are those who look at things the way they are and ask why... I dream of things that never were and ask why not.

- Robert Kennedy

The Recovered Health System In New Orleans

- Distributed network of quality, affordable community health
- Disaster prepared replacement hospitals
- IT enabled to improve safety and effectiveness
- Community wide shared quality agenda
- Innovative payment model supports team based care and integration of mental health in primary care
- Model system in many ways – more resilient for disaster and everyday
- From disaster, opportunity

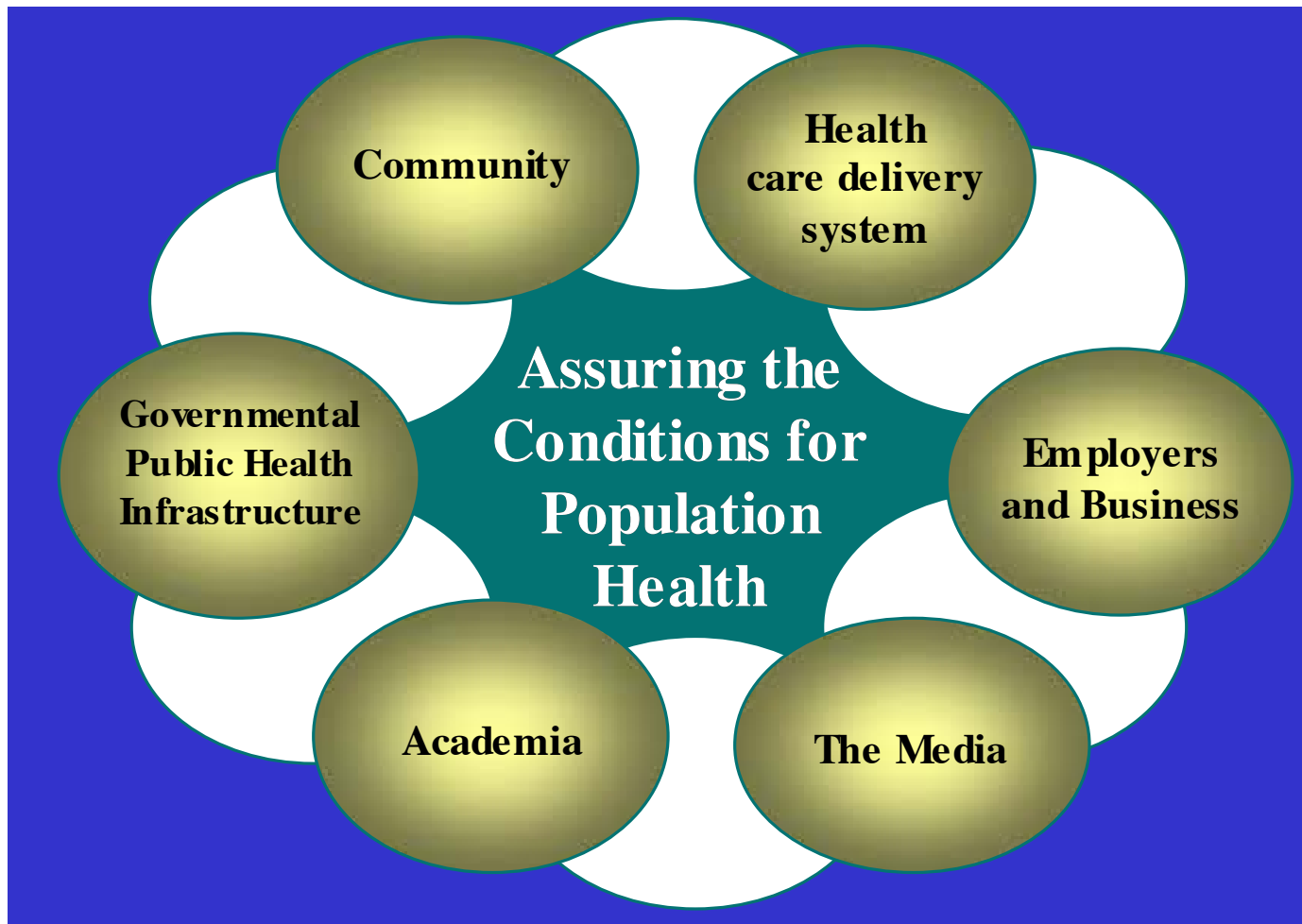
Louisiana Public Health Institute

Public health institutes (PHIs) improve public health outcomes by fostering innovation, leveraging resources, and partnering with government agencies.

Provides a nonprofit, multi-stakeholder organization that serves as an administratively nimble vehicle to distribute resources to execute on enlightened public policy

The Louisiana Public Health Institute (LPHI) played an integral role in supporting health system re-envisioning, recovery, and rebuilding for resilience.

Louisiana Public Health Institute



Role of the Louisiana Public Health Institute

Convened broad group of stakeholders within a couple of months of Katrina's landfall to begin re-envisioning, planning, and advising public policy makers

Distributed \$13M of supplemental Social Service Block Grant funds on behalf of the Department of Health and Hospitals to help re-establish community-based services

Conducted operations of the Louisiana Health and Population Survey in partnership with the US Census, State of Louisiana and the Centers for Disease Control

Role of the Louisiana Public Health Institute

Conducted a systematic healthcare capacity survey to assess outpatient healthcare services capacity in the Greater New Orleans Region

Advocated for resources at the state and federal levels to meet needs, enable innovation

Administered a \$100M CMS grant (Primary Care Access and Stabilization Grant) to grow a network of high quality, neighborhood-based primary and behavioral health services to meet needs

Sampling of Results: PCASG

28% increase in the number of fixed and mobile service delivery sites 3-years after the grant began in September 2007

Number of patients served over 3-year grant period: More than 406,000 unique patients were seen during the duration of the program and a total of 2,166,607 patient encounters

Sampling of Results: PCASG

Secured more than \$1.5 million in additional, non-governmental funds and other resources to provide technical assistance and improve the quality and scope of services provided

Received NCQA's National Health Quality Award in 2010 for LPHI's contribution to creating a high-quality and sustainable network of community-based primary and behavioral health care services post-Katrina

Post-PCASG Priorities for LPHI in the healthcare delivery space

Health Information Exchange (Greater New Orleans Health
Information Exchange)

Analytics and practice transformation for primary care
providers for success in value-based/ accountable care
contracting with payers

Resilience and emergency preparedness

Social determinants and health equity

Immediate Recommendations

Address primary leadership challenge: Fight the urge to rebuild things as they were if you want better outcomes

Convene broad-based planning effort to determine and prioritize needs, include government at all levels

Utilize or create (for the next disaster) a neutral, nonprofit entity with health as its goal (e.g. Public Health Institute) to assess health needs in a rigorous way, advocate for and mobilize resources for recovery and resilience

Selected citations/ resources:

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Rittenhouse DR, Schmidt LA, Wu KJ, et al. The post-Katrina conversion of clinics in new orleans to medical homes shows change is possible, but hard to sustain. *Health Aff (Millwood)*. 2012;31:1729–1738.

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